



State of Utah

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Department of Human Services

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Executive Director

Division of Substance Abuse and Mental Health

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Director

April 25, 2019

Commissioner Nathan Ivie
100 East Center #2300
Provo, UT 84606

Dear Commissioner Ivie:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Utah County's Department of Drug and Alcohol Prevention and Treatment and the final report is enclosed. The scope of the review included fiscal management, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Chad Carter (801)538-4072

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,

Doug Thomas

Doug Thomas
Division Director

Enclosure

cc: Tanner Ainge, Utah County Commissioner
William C. Lee, Utah County Commissioner
Richard Nance, Director, Utah County Substance Abuse Services



Site Monitoring Report of

Utah County's Department of Drug and Alcohol Prevention and
Treatment

Local Authority Contract #160080

Review Date: January 15th, 2019

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Utah County's Department of Drug and Alcohol Prevention and Treatment (also referred to in this report as UCaDDAPT or the County) on January 15th, 2019. The focus of the review was on governance and oversight, fiscal management, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 2 None	7
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 1	14 14-17

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Utah County's Department of Drug and Alcohol Prevention and Treatment (UCaDDAPT). The Governance and Fiscal Oversight section of the review was conducted on January 15th, 2018 by Chad Carter, Auditor IV.

The site visit was conducted at UCaDDAPT as the contracted Local Authority for Utah County. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

As part of the site visit, UCaDDAPT provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

As the Local Authority, UCaDDAPT received a single audit as required. The CPA firm Gilbert & Stewart completed the audit for the year ending December 31, 2017. The auditors issued an unqualified opinion in their report dated June 27, 2018. There were no findings or deficiencies reported.

Follow-up from Fiscal Year 2018 Audit:

FY18 Minor Non-compliance Issues:

- 1) UCaDDAPT's FY17 cost per client is outside of Division Directive standards.

This issue has been resolved. UCaDDAPT provided a detailed explanation for their higher cost per client in the FY18 report. This standard was also removed from the Division Directives and will no longer be treated as a finding. See Division Comment #1 for more details.

Findings for Fiscal Year 2019 Audit:

FY19 Major Non-compliance Issues:

None

FY19 Significant Non-compliance Issues:

None

FY19 Minor Non-compliance Issues:

- 1) Personnel files were reviewed for compliance with State, County and contractual requirements. Two employee files were found with a Code of Conduct that was last signed in 2015. Utah County's policy requires each employee to sign a Code of Conduct agreement once every two years.

Center's Response and Corrective Action Plan:

Action Plan: A report has been created within our electronic health records system (Credible) to generate all due dates related to code of conduct, employee evaluations, outside employment or conflicts of interest and annual medical trainings. The notification report will provide the administrative assistant a 'live' document for compliance and follow up with personnel files. Implementation occurred 3/1/19 for compliance and quality control. Additionally, the report will automatically be reviewed monthly and assignments made as necessary in program managers meeting.

Timeline for compliance: Immediate

Person responsible for action plan: Diane Steward, Whitney Roberts and Pat Bird

- 2) Two subcontractor files were found with expired insurance certificates. Local Authorities must ensure their subcontractors are maintaining appropriate and current liability insurance.

Center's Response and Corrective Action Plan:

Action Plan: Annual review of contractor files will occur in the month of May to maintain appropriate documentation and compliance with Division and County requirements. The two subcontractor files were updated with current insurance certificates on 2/5/19.

Timeline for compliance: Immediate and annually

Person responsible for action plan: Diane Steward and Pat Bird

FY19 Deficiencies:

None

FY19 Recommendations:

- 1) Local Authority staff are only required to complete a conflict of interest form if they have outside employment or other potential conflicts. But if an employee declares a possible conflict of interest, they are required to complete a form annually if still applicable. UCADDAPT sends an email to all staff at the beginning of each year to remind them to complete a form if they have a potential conflict. It is recommended that UCADDAPT tracks

all employees that have previously declared a potential conflict to ensure they are completing a conflict of interest form annually as required.

FY19 Division Comments:

- 1) A review was done comparing each Local Authority's cost per client with the statewide average. UCADDAPT has the second highest cost per client in the State at 63.3% over the State average for FY18. UCADDAPT provided a detailed explanation for their higher costs in the previous year monitoring report, with residential services being the biggest factor. The standard requiring each Local Authority to meet an overall client cost within 50% of the statewide average was removed from the Division Directives for FY19. This issue will no longer be addressed as a finding. This subject was discussed at the site visit and will be addressed in the report as a comment for informational purposes.
- 2) As a subrecipient of Federal funds, UCADDAPT is required to be in compliance with Federal regulations. It was discussed that starting next year, DSAMH would check to ensure the Local Authority's written procurement and federal awards policies meet Federal guidelines. DSAMH also discussed some additional requirements for subcontractor monitoring. UCADDAPT was very responsive and willing to be in compliance. We appreciate the relationship we have with UCADDAPT and their willingness to work with the Division.

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review Utah County Department of Drug and Alcohol Prevention and Treatment on January 9th, 2019. The review focused on the requirements found in State and Federal law, Division Directives and contracts. In addition, the reviews evaluated the services described in the annual prevention area plan and evaluated the data used to establish prevention priorities.

Follow-up from Fiscal Year 2018 Audit

No findings were issued in FY18.

Findings for Fiscal Year 2019 Audit

FY19 Major Non-compliance Issues:

None

FY19 Significant Non-compliance Issues:

None

FY19 Minor Non-compliance Issues:

None

FY19 Deficiencies:

None

FY19 Recommendations:

- 1) *Coalition Strategic Plan:* DSAMH recommended last year that UCaDDAPT work with Provo Community that Cares (CTC) and Saratoga Springs/ Eagle Mountain CTC to develop their own community level strategic plan. The Prevention Coordinator is planning to help these coalitions this year to develop strategic plans. It is recommended that UCaDDAPT continue to work with these coalitions to help them complete their strategic plans.
- 2) *Coalition Building:* UCaDDAPT has reached out to the Mayor of American Fork to start a coalition in this area, which he is receptive to. It is recommended that UCaDDAPT continue to work with the Mayor of American Fork and community members to start a coalition in their area.
- 3) *Eagle Mountain / Saratoga Springs Coalition:* The community members of the Eagle Mountain / Saratoga Springs Coalition were active at the onset five years ago, but at this point, there is little to no support from members and attendance to coalition meetings have dropped completely. The coalition coordinator has been receiving coaching monthly from UCaDDAPT staff, which will begin with a new survey of community leaders to assess where

focused efforts can begin the process moving in a more action oriented, positive direction. This coalition has been in place for six years with a young community, which has made it difficult to keep people active in the coalition. It is recommended that UCaDDAPT continue to work with the Eagle Mountain / Saratoga Springs Coalition to help them reactivate their coalition and move forward with community goals.

FY19 Division Comments:

- 1) *Dedicated Prevention Team:* The UCaDDAPT has five dedicated individuals on their prevention team that are actively involved with coalition and community efforts. The Prevention Coordinator received the “Utah County Employee of the Year” Award this past year, which demonstrates her dedication to making a positive difference in the Agency and community. The UCaDDAPT Prevention Team continues to look for ways to reduce risk factors and improve protective factors for their community.
- 2) *Community Partnerships:* Intermountain Healthcare (IHC) provides \$5,000 in grant funding for community programs to target various issues in their communities. UCaDDAPT received some of this funding and is partnering with IHC and Brigham Young University (BYU) to focus on opioid messaging for their community through Social Media Campaigns related to opiate use with different populations. The instructor at BYU who has been involved with these campaigns, is now interning with UCaDDAPT to further efforts with these opioid campaigns and create messages that are not shame based. In addition, she will be using the Strategic Prevention Framework (SPF) for these campaigns. UCaDDAPT continues to seek methods of partnering with the community to improve outcomes and reduce death related to opioid use.
- 3) *Evidence-based Practice:* All four Utah County Coalitions are operating under the CTC or SPF Model. UCaDDAPT ensures that all of their prevention staff, coalition members and community partners receive ongoing training on scientifically driven practices and use evidence-based models to fidelity. These coalitions include: Eagle Mountain / Saratoga Springs, Payson, Provo and the Utah Valley Prevention Drug Coalition (formerly known as the SMART Coalition).
- 4) *Risk and Protective Factors:* UCaDDAPT has done a great job of reducing risk factors and increasing protective factors in their community through coalition efforts and the use of evidence-based practices to fidelity. One of their goals for the next year is to focus marijuana use and aging adults in their community. UCaDDAPT continues to seek ways to make improvements to their community through the identification of risk and protective factors.
- 5) *Naloxone and Opioid Overdose Prevention:* Over the last year, UCaDDAPT provided naloxone and overdose prevention training, which was not available in the past. The distribution of Naloxone Kits to the community and opioid overdose prevention training made a significant difference in reducing overdose deaths in their local area. In addition, other initiatives such as the “Use Only as Directed” Campaign, four town hall meetings to discuss the opioid epidemic, ongoing coaching for coalitions and policy advocacy with state

legislators also made a positive difference in reducing overdose death and the misuse of opioid medications in their community.

Substance Use Disorders Treatment

Becky King, Program Administrator, conducted the review of Utah County Department of Drug and Alcohol Prevention and Treatment (UCaDDAPT) on January 9th, 2019. The site visit focused on compliance with Division Directives, clinical practices, consumer satisfaction, and performance on outcome measures. Block Grant and Division Directives compliance were evaluated through a review of program policies and guidelines; and discussions with staff members. Consumer satisfaction was evaluated through Consumer Satisfaction Survey results and Outcome measures were evaluated by reviewing DSAMH Scorecards. Clinical practices were evaluated by reviewing client charts.

Follow-up from Fiscal Year 2018 Audit

FY18 Minor Non-compliance issues:

- 1) UCaDDAPT continues to under-serve the adolescent population in Utah County. DSAMH data indicates that there are 1,796 adolescents in Utah County in need of treatment services. UCaDDAPT served 66 adolescents or 3.6% of those in need. Utah Code 17-43-201 requires the local authorities to “annually prepare and submit to the division a plan approved by the county legislative body for funding and service delivery that includes: (i) provisions for services...for adults, youth, and children.

UCaDDAPT has made several efforts to increase youth referrals to their program, which has resulted in an increase in the number of youth served from 66 to 107 from the FY17 to FY18 respectively. While UCaDDAPT still has low numbers of youth in their program, they are making a good effort to increase the number of youth served in their program.

This issue has not been fully resolved and will be continued in FY19; see Deficiency #1.

- 2) The FY17 Utah Substance Abuse Treatment Outcomes Scorecard shows:

- a) The percent of clients completing treatment successfully decreased from 46.4% in FY16 to 33.7% in FY17 respectively. This is less than the required 60% completion rate and the third consecutive year that it has decreased.

This issue has been resolved. The percent of clients completing successfully increased from 33.7% to 39.9% from FY17 to FY18 respectively, the improvement meets Division Directives.

- b) The percent of clients that increased alcohol abstinence – Percent increase in those reporting alcohol abstinence from admission to discharge decreased from 22.8 percent in FY16 to 5.8% in FY17. This is a 17% difference.

The percent of clients that increased abstinence from alcohol decreased from 5.8% to 1.1.% from FY17 to FY18 respectively, which does not meet Division Directives.

This issue has not been resolved and will be continued in FY19; see Minor Non-Compliance Finding #1.

3) The FY17 Utah Substance Abuse Treatment Client Satisfaction Surveys shows:

a) Youth Satisfaction Survey received a score of 50 for Good Service Access.

This issue has been resolved. Youth Satisfaction Survey scores for Good Service Access increased from 50% to 73% from FY17 to FY18, respectively, which now meets Division Directives.

b) Family Satisfaction Survey received a score of 54 for Participation in Treatment Planning and 46 for Positive Service Outcomes. These survey responses represent less than the 75% established target for the outcome domains.

These issues have been resolved. The Family Satisfaction Survey score for participation in treatment planning increased from 54% to 73% and positive service outcomes increased from 46% to 100% from FY17 to FY18 respectively, which now meets Division Directives.

4) Client goals and objectives did not include target or completion dates. There was also no indication when goals and objectives had been completed. Objectives should be measurable, time limited and achievable. Goals and target dates should be updated on a regular basis and charts should identify when goals and objectives have been completed. Goals and Objectives should also include areas of concern identified in the assessment. Goals and Objectives were often not therapeutic. Progress notes lack indication of progress the individual has made or lack of therapeutic interventions.

Over the past year, UCADDAPT has made progress on their charts. Charts reviewed this year showed that there was evidence of target and completion dates for goals and whether the client was making progress on their goals or not. However, the recovery plan objectives continue not to be specific, time limited or measurable.

This issue has not been completely resolved and will be continued in FY19 as a recommendation; see Recommendation #2.

FY18 Deficiencies:

1) Access to services: UCADAPT has waiting lists for many of their services, however facilities were not held at capacity and physical spaces remained unfilled. Timely access to services is a key component to the treatment of SUD clients. Open treatment slots are also not cost effective as those are treatment slots that lead to billable treatment services. It is suggested that UCADAPT conducts a utilization review on programs with wait lists and open treatment slots in order to alleviate the access to services issues.

This issue has been resolved. Over the past year, UCaDDAPT has made improvements in reducing their waiting lists by running a weekly census report through the Credible Electronic Health Care Record (EHR); assigning a staff member to monitor wait lists and setting a goal to use the same person that conducted the screening to follow the client through treatment. UCaDDAPT is also looking into building another residential treatment facility to expand access to residential services. While there are still some issues with waiting lists, UCaDAADPT has taken action to improve their waiting lists.

- 2) Assessments are not being updated on a regular basis or completed for every client. This has improved however there are inconsistent practices on when an updated assessment should be conducted. Assessment should be ongoing and completed for all clients. (*Chart #'s 314660, 314760, 268654, 314638, 314803*).

This issue has been resolved. Chart reviews this year showed that the assessments were being updated for clients.

Findings for Fiscal Year 2019 Audit:

FY19 Major Non-compliance issues:

None

FY19 Significant Non-compliance issues:

None

FY19 Minor Non-compliance issues:

- 1) The Treatment Outcomes Scorecard shows that the percent increase of clients that were abstinent from alcohol, measured admission to discharge, decreased from 5.8% to 1.1.% from FY17 to FY18 respectively, which does not meet Division Directives.

Center's Response and Corrective Action Plan:

Action Plan:

UCaDDAPT has had significant turnover in staff and we believe this Minor Non-compliance issue is related to staff training. We have added increased training for new and existing staff on collection of this information. Additionally, both our data manager and quality assurance supervisor have added specific focus on this.

Timeline for compliance: 4/1/19

Person responsible for action plan: Cindy Simon, Theresa Young, Victor Moxley

FY19 Deficiencies:

- 1) *Youth Services:* UCaDDAPT has served a low number of youth in their program over previous years due to low referral rates and issues with retention. Many of the youth in the criminal justice system have been referred to treatment services offered through Juvenile

Justice Services(JJS). UCADDAPT has made several efforts to increase youth referrals to their program, including partnering with JJS to provide services in their residential program and Wasatch Mental Health Vantage Point to increase services for youth in Utah County. Due to these efforts, UCADDAPT increased the number of youth served from 66 to 107 from FY17 to FY18 respectively. DSAMH recommends that UcaDDAPT continue to seek methods of increasing services for youth in Utah County.

Center's Response and Corrective Action Plan:

Action Plan: We sat down on April 4 and white-boarded this issue. Here is our work product: The primary problem leading to this discussion is the lack of referrals to youth treatment compared to the assessed numbers of youth needing treatment from DSAMH and the SHARP survey. The discussion followed 4 categories of analysis and solutions including 1) identification of the Problem and Causes/Symptoms, 2) Solutions Attempted to Date, 3) Bright Ideas (potential solutions), 4) Action Steps.

PROBLEM: Admissions to youth treatment at UCADDAPT were 60 in the previous 12 months. Identified need for treatment for youth age 12-17 was hard to determine because of minimal screening at Juvenile Court – even though there were over 700 cannabis and alcohol charges in 4th district the previous year.

- 1) Youth referrals to UCADDAPT primarily come from Juvenile Court and WMH Vantage Point program.
- 2) Consequences of policies established via HB 239 decreased the “teeth” Juvenile Court, schools, school resource officers have to intervene with kids with early initiation behaviors.
- 3) There is a well-established link between early initiation of substance use – specifically cannabis – and early psychotic episodes. Because of 2) above, kids are coming into the treatment system too far down the clinical path and are much more difficult to treat – have multiple high risk/need problems.
- 4) Substance use disorder treatment does not begin until there are significant symptoms (2) and (3).
- 5) Youth Drug Court referrals are down.
- 6) Juvenile Court screening of youth includes risk to reoffend only – not MH/SUD need for tx. And youth risk screening tool is not sensitive enough – multiple repeat screenings do not generate higher level intervention leading to delays in system referral.
- 7) Juvenile Court probation officers have a lack of faith in our treatment system.
- 8) Once youth are referred to treatment, screening, assessment, and ultimately engagement are poor.
- 9) We are seeing an increasing number of 18-26 year olds in our felony drug court program meaning that we are missing them in high school ((2),3),4) above).
- 10) The mental health system does not look for SUD history and symptoms.

ATTEMPTED SOLUTIONS TO INCREASE REFERRALS

- 1) We asked state DSAMH for technical assistance to identify solutions not already attempted to increase referrals.
- 2) Statewide System of Care initiative

- 3) Wasatch Mental Health has begun screening for SUD at Vantage Point and referring +/- 4 youth per month to us (strictly voluntary follow-up from families).
- 4) We have had multiple meetings with youth drug court to identify and solve problems related to engagement and treatment outcome.
- 5) We've begun providing youth treatment for JJS at Slate Canyon Youth Detention and DSI in Springville (one of the few bright spots).
- 6) We have done one presentation for WMH on our youth treatment system.
- 7) We are developing a referral form specific to youth screening for early intervention/treatment.
- 8) Pat Bird has met with Jerry Oler at Juvenile Court to problem solve low numbers of referrals.
- 9) We have engaged Centro Hispano for latino youth referrals.
- 10) We have participated in regional multi-agency coordinating committee along with the 3 school districts, Wasatch Mental Health and us (not sure this is effective problem solving)
- 11) DHS statewide treatment contract was not consistent with how the tx system is organized.

BRIGHT IDEAS (PROPOSED SOLUTIONS)

- 1) Broad sweeping MH/SUD system integration.
- 2) Speak to LDS Family Services about identifying youth through LDS Bishops and Seminaries
- 3) Implement screening by Juvenile Court probation officers for MH/SUD need for treatment, not just risk to re-offend.
- 4) Juvenile Court risk screening needs to change to a more sensitive tool to take into account repeat offenses for earlier entry into stacked/integrated intervention/treatment.
- 5) Offer training to school resource officers on problem identification, screening, referral
- 6) Organize and conduct a youth specific annual SUD awareness night (annual event) followed up by monthly multi-agency meetings. (Coordinate with Dean Barley at BYU Comprehensive Clinic).
- 7) Join with Prevention in identifying and implementing early intervention classes for school districts – both prevention and treatment staff should conduct these to identify kids actually in need of treatment.
- 8) Recovery High Schools
- 9) Civil Commitment – make existing statute work.
- 10) Engage Latinos In Action
- 11) Individual, rather than group treatment, seems to be more effective and decreases opportunities for bad peer influence.
- 12) Ask GIS to do a heat map for juvenile arrests to identify opportunities for intervention (look at SHARP data for this too.)
- 13) Increase the amount of early intervention work we do and integrate/braid prevention and treatment funding/staff in these classes (school based first offender PRI classes).
- 14) One stop shop for screening/assessment/diagnosis/first treatment session.
- 15) Identify and engage Polynesian cultural outreach.
- 16) Technological interventions for engaged youth need to be integral to treatment (whats app, Zoom, youtube videos for youth and parents).
- 17) Engage Mountainlands Clinic for youth screening/assessment/referral to treatment – SBIRT for youth).

- 18) Contact youth provider association (ask Adam Cohen at Odyssey House).
- 19) FAMILY COMPONENT IS ESSENTIAL. Purchase and train on Multi-Systemic Family Therapy.
- 20) UVU?
- 21) PRI providers?
- 22) Encyrcle (Brian Alba is already reaching out).
- 23) Statewide suicide prevention/intervention (high risk of attempts/successful attempts frequently involve drugs/alcohol).
- 24) SAMHSA TTC network for consultation.
- 25) Use NIATx processes to jumpstart solutions and validate effectiveness.

STEPS TO TAKE

- 1) UBHC Incidence and Prevalence versus penetration working group.
- 2) DSAMH – sit down with Doug, Brent, Jeremy, Craig, Tiffany, and Shannon on our “bright ideas.” Continue problem solving.
- 3) Engage State Children’s Coordinator (Katherine Johnson from WMH) (Jordan) Take opportunity to make opportunity.
- 4) Approach State Dept of Education to promote prevention/intervention/treatment referral.
- 5) Statewide Summit?
- 6) Legislative action to reverse bad parts of HB 239.
- 7) Design a youth specific sequential intercept model to identify who does what when/where in the system.

Timeline for compliance: This will be an ongoing process taking probably 6 months.

Person responsible for action plan: UCaDDAPT administrative team.

FY19 Recommendations:

- 1) *Charts:* There has been a significant turnover in staff at UCaDDAPT over the past year, which has resulted in issues with the charts. Despite this staff turnover, UCaDDAPT made improvements in their charts in most areas. Last year, there were several findings in the charts; however, this year, the only significant finding was that the recovery plan goal objectives were not specific, time limited or measurable. It is recommended that UCaDDAPT continue to provide chart training to staff and review charts on a regular basis to make improvements. (*Chart #'s 268883, #315258, 277956, 274950, 315555, 314676, 268833, 277955, 261539*)

FY19 Division Comments:

- 1) *Staff Engagement and Retention:* UCaDDAPT has had a significant turnover in staff over the past few years, which has made it difficult in covering services with fewer staff and maintaining consistent policy and practice. In the past year, several new young staff were hired, which has been positive, yet challenging with the amount of time involved in training these new staff members. The UCaDDAPT Administrative Team held a Retreat last year to set goals for the year, which include improving staff engagement and retention. UCaDDAPT’s new Human Resources (HR) Director has been working with other HR staff from other Local Authorities to find out what they are doing to retain staff. In addition, they are expanding their job listing on LinkedIn, Glassdoor and Indeed.com to expand their reach

for new staff. UCADDAPT also set up a loan forgiveness program this past year to recruit professionals needing assistance in paying off their school loans. UCADDAPT is making a significant effort to improve staff engagement and retention, which has made a difference in staff morale and retaining staff.

- 2) *Service Provision and Evidence-Based Practice:* UCADDAPT have increased the number of services they are providing, which include several evidence-based practices. One of their goals this year is to increase fidelity in their services through various methods, including observation through chart documentation. UCADDAPT provides a continuum of services including prevention, outpatient treatment, intensive outpatient and residential and recovery support services for their community. These services are individualized and available to clients and their families.
- 3) *Data Collection:* UCADDAPT's Data Specialist has been instrumental in evaluating and improving their services through data collection and analysis. This Data Specialist has developed a scorecard for each clinician to assist them in reviewing errors in TEDS Data, which has helped data collection efforts for UCADDAPT. In addition, the Drug Court Case Manager has started to meet with Juvenile Drug Court clients in court to have them complete the electronic survey on his iPad, which has improved client satisfaction surveys. UCADDAPT continues to seek methods of improving services through data collection and surveys, which has made a positive difference in their service outcomes.
- 4) *Medication Assisted Treatment (MAT):* UCADDAPT continues to provide MAT to their community through their contract with Project Reality and has expanded access to Suboxone through Addictionologist who moved from part time to full time. In addition, UCADDAPT is collaborating with the Utah County Jail to provide MAT for pregnant women in jail and upon their release from jail. UCADDAPT's continued efforts to provide and expand MAT services has made a positive difference in their community.

Section Two: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to require a formal action plan. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Utah County's Department of Drug and Alcohol Prevention and Treatment and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Chad Carter at (801)538-4072.

The Division of Substance Abuse and Mental Health

Prepared by:

Chad Carter Chad Carter Date April 25, 2019
Auditor IV

Approved by:

Kyle Larson Kyle Larson Date April 25, 2019
Administrative Services Director

Brent Kelsey Brent Kelsey Date April 25, 2019
Assistant Director Substance Abuse

Doug Thomas Doug Thomas Date April 25, 2019
Division Director

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Richard Nance richardn@utahcounty.gov Director Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 4/25/2019 3:08:05 PM
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